

# State of Connecticut

## GENERAL ASSEMBLY



### Medical Assistance Program Oversight Council

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Chairs: Sen. Terry Gerratana and Rep. Catherine Abercrombie

### MEETING MINUTES

Friday, November 13, 2015

9:30 AM in Room 1E of the LOB

*Attendance is on Record with the Council.*

**I.** The meeting was called to order at 9:39 by the chair, Rep. Abercrombie.

Introductions were made by Council Members and Agency Personnel.

Rep. Abercrombie listed those who reported they could not make the meeting.

**IIA.** Marc Shok began with an update on Husky enrollment over the past 12 months. (See Attachment)

[https://www.cga.ct.gov/med/council/2015/1113/20151113ATTACH\\_HUSKY%20Enrollment%20Update;%20Novemer%2013,%202015.pdf](https://www.cga.ct.gov/med/council/2015/1113/20151113ATTACH_HUSKY%20Enrollment%20Update;%20Novemer%2013,%202015.pdf)

Marc first gave an overview of the new application and MAGI-Based Renewals process. He then provided explanation for the fluctuations in enrollment.

Steve Frayne asked if there was a reason why there is still not electronic communication between the systems. Marc explained the work on Impact which will replace the current EMS system. It is scheduled to begin in March of 2016.

Dennis Cleary asked for clarification on presumptive eligibility and auto-renewal. During the 90 day verification period members retain coverage.

Mary Alice Lee asked Marc to walk through the timeline of when an application is submitted and when the 90 day process starts. Marc explained that eligibility is determined in real time and a notification for verification is sent out immediately. Mary Alice discussed the enrollment numbers and voiced her concerns of a decline in enrollment of Children.

Deb Poerio asked what the process was for notifying parents that more information is still required. Reminder letters are sent out at 30 days, 60 days and 75 days with a disenrollment letter sent out on day 90 if verification documents are outstanding. Sheldon Toubman asked if there was a 10 day notice of termination sent out.

Sheldon asked if Xerox is current with there .pdf processing. Marc responded that they are. Sheldon asked Access Health about complaints he had heard about wait times of their Maximus system, and length of time on the phone. James Michel stated that they are aware of some issues that they are working on. A system change that allowed multiple applications now refers someone online to contact a call center. Access Health representatives must now remove the additional application which can use up time on the phone.

Ellen Andrews explained circumstances where a consumer might have created more than one application. Rep. Abercrombie asked for clarification on creating or updating an application. James Michel explained the process and examples of why there might be different applications. The system now allows only one active application. Rep. Abercrombie asked about the wait time on the phone. The archiving of the applications takes additional time. Robert Blundo, of Access Health CT, discussed the issues in password resets and being directed to the call center.

Mory Hernandez asked about multiple ID numbers and issues consumers have. Robert distinguished between transactional IDs and application IDs. He discussed the issues and how things will change going forward.

Suzanne Lagarde suggested letting the call center reset passwords while counselors process applications. James Michel explained how the call center works and what may cause more than average wait times. Rep. Abercrombie asked how many pages the application is. James explained the different applications and stated the full paper version is 23 pages. Rev. Bonita Grubbs expressed her opinion on the length of the application and asked if examples of the notifications and letters could be shared.

Katherine Yacavone asked if the number of call center operators has been increased. James Michel stated that about 400 call center representatives have been added for open enrollment and that they are new. DSS and Access Health are looking at the amount and content of notifications being sent out. Deb Poerio discussed the Consumer Access subcommittee looking into some of the issues discussed.

**III.** Rep. Abercrombie went to item number three of the agenda due to its relevance of conversation.

Marc Shok began with an overview of the requirements under Public Act No. 15-5 (See Attachment).

[https://www.cga.ct.gov/med/council/2015/1113/20151113ATTACH\\_HUSKY%20A%20Transitions;%20November%202015.pdf](https://www.cga.ct.gov/med/council/2015/1113/20151113ATTACH_HUSKY%20A%20Transitions;%20November%202015.pdf)

Marc discussed the outreach and review that was done by the Department of Social Services based on the reduction in income limit. James Michel went through the review and outreach on behalf of Access Health CT. Marc and Robert went through the reporting requirements of Public Act No. 15-5 and shared the relevant data.

Ellen Andrews asked about the reported number on slide 12. Robert and Marc reviewed the details of the numbers provided.

Kathy Yacavone asked what happens to those people who lose eligibility next year. Marc explained transitional coverage and the larger scale that will take place next year.

Mary Alice shared that her and other community partners could help in the transition and tracking of people who lose coverage.

Rep. Abercrombie asked if the transitional coverage was the same as enrollment coverage and expressed that people need to be informed about their coverage loss and other options far in advance.

Sheldon Toubman asked about individuals and 3 persons whom are now eligible for HUSKY D. He also questioned if people who are pending a hearing are counted in the 532. Marc replied that individuals separated from their families and then qualified for Husky D. Marc did not have the data on those pending a hearing. Sheldon shared his concern that if those pending a hearing are included in the 532, they may lose coverage following the hearing.

Mary Alice shared her interest in the children who could be at risk by their parents losing coverage. She expressed her concern with how the income level limit has changed four times in the last 10 years and the negative impact this can have.

Anthony DiLauro asked for clarification on the numbers and who is losing coverage. Marc explained the eligibility rules and process of going through the Access Health system to find who would be affected.

Rev. Bonita Grubbs expressed the need to look at the impact the transition will have on the parents and their children.

Dennis Cleary asked about the budget numbers and what the anticipated savings are. Marc would follow up with numbers at a future meeting. Rep. Abercrombie expressed the complication with anticipating savings for the budget.

Ellen asked for clarification on those who were able to move to Husky D. Alex Geertsma expressed his concern about the effect losing coverage could have on this vulnerable population.

Steve Frayne asked for additional information on what happens when the transitional coverage is up. Marc talked about the process of reviewing what people would be eligible for when their transitional insurance is done on July 31, 2016. Mary Alice Lee asked for clarification on the CDC early detection program.

**II.B.** Kristen Dowty provided an overview of the new 1095 Tax Form required under the Affordable Care Act (See Attachment).

[https://www.cga.ct.gov/med/council/2015/1113/20151113ATTACH\\_1095B%20Tax%20Form%20Information;%20November%202015.pdf](https://www.cga.ct.gov/med/council/2015/1113/20151113ATTACH_1095B%20Tax%20Form%20Information;%20November%202015.pdf)

Cheryl Wamuo asked what happens if the form goes to the wrong address. Kristin explained that a separate notice that is going out early should help mitigate some of the issues with address

changes and that a person would be able to call a call center and request another form to be sent out.

Ellen asked if the form need to be submitted. Kristen explained that they are required to send the form so consumers can accurately report during their tax filing but it does not need to be sent in to the IRS at that time.

**IV.** Alex Geertsma requested a review of the mandates and purposes of the subcommittees which he believes do not give many reports. Rep. Abercrombie suggested that the subcommittees put together some information and believes it is time to look at their roles and the work they are doing. She shared information on the upcoming Care Management Meeting.

**V.** Anne Foley provided Rep. Abercrombie with some numbers on the anticipated savings from the reduction in income eligibility.

Rep. Abercrombie referenced the document: A Brief Overview of Connecticut's Participation in the National Governor's Association High Need, High Cost Policy Academy (See Attachment). [https://www.cga.ct.gov/med/council/2015/1113/20151113ATTACH\\_A%20Brief%20Overview%20of%20Connecticut's%20Participation%20in%20the%20National%20Governor's%20Association%20High%20Need,%20High%20Cost%20Policy%20Academy.pdf](https://www.cga.ct.gov/med/council/2015/1113/20151113ATTACH_A%20Brief%20Overview%20of%20Connecticut's%20Participation%20in%20the%20National%20Governor's%20Association%20High%20Need,%20High%20Cost%20Policy%20Academy.pdf)

Rep. Abercrombie announced the next meeting date for the full Council and what was anticipated to be on the agenda.

With no other business, Rep. Abercrombie thanked all the members.

The meeting was adjourned at 11:32 AM.

**The next meeting will be held on Friday, December 11, 2015 at 9:30 AM**

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Richard Eighme  
Council Clerk